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CONFIRMATION NO. 3543

SERIAL NUMBER 10/628,538	FILING or 371(c) DATE 07/28/2003 RULE	CLASS 705	GROUP ART UNIT 4143	ATTORNEY DOCKET NO. 22467.23743		
APPLICANTS David A. Martin, Bentleyville, OH; David R. Montgomery, Hudson, OH; ** CONTINUING DATA ***** This application is a CON of 09/339,479 06/24/1999 PAT 6,862,571 ** FOREIGN APPLICATIONS ***** ** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY ** 10/27/2003						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/RAJIV J RAJ/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	STATE OR COUNTRY OH	SHEETS DRAWINGS 0	TOTAL CLAIMS 6	INDEPENDENT CLAIMS 2
ADDRESS BROUSE MCDOWELL LPA 388 SOUTH MAIN STREET SUITE 500 AKRON, OH 44311 UNITED STATES						
TITLE Credentialer/medical malpractice insurance collaboration						
FILING FEE RECEIVED 375	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			